



Substance Use Questionnaire

Strictly confidential - To be completed by the applicant

Name, First name:

Application no.: **Dated:**

This questionnaire will form part of the application. If any questions below are answered "Yes", please supply full details below including dates and names of doctors and institutions where applicable.

1. Are you now using or have you in the past used any of the following drugs?
- No
 - Yes, which drugs
 - Opium derivatives (e.g. heroin, morphine demerol, methadone)
 - Barbiturates (e.g. amytal, phenobarbital, seconal, nembutal, pentobarbital)
 - Marijuana (e.g. hashish, cannabis)
 - Amphetamines (e.g. "ecstasy", "speed", "tik", benzedrine, dexedrine, methedrine, amphetamine)
 - Hallucinogens (e.g. LSD, DMT, mescaline, peyote, psilocybin)
 - Cocaine
 - Others (e.g. MandraNox)

Pease give details of:

Usual quantity

Frequency of use

Method of use

Dates of last use

2. Have you ever had any complication related to the use of drugs, e.g. hepatitis, HIV infection (AIDS), mental illness, etc.?
- No
 - Yes - please provide details

3. Have you ever sought medical treatment because of drug usage or detoxification?
- No
 - Yes - please state dates and names of doctors and institutions consulted

4. Have you ever required hospital treatment as a result of drug use?
- No
 - Yes - please provide details

5. Have you ever been treated on a Methadone programme?
- No
 - Yes - do you still participate?.....

6. Are you now drug free?
- No
 - Yes - since when?

7. Please state any further relevant particulars that may have had bearing on any past or present use of drugs.

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I declare that the answers I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed Date